THE AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Cost Summary

Costs through the period ending December 31, 2005

for

R & H OIL / TROPICANA San Antonio, Texas EPA FACILITY No. TX0000605397 (60MB)

Date prepared: March 8, 2006

Narrative Cost Summary Report:

- 1. The Agency for Toxic Substances and Disease Registry (ATSDR) has incurred costs of at least \$1,781.30 for payroll through the period ending December 31, 2005.
- 2. The Agency for Toxic Substances and Disease Registry has incurred indirect costs of at least \$8,991.50 for fiscal years 2002, 2003, and 2004. The indirect costs for fiscal year 2004 are calculated using a provisional indirect cost rate.
- 3. The Agency for Toxic Substances and Disease Registry has incurred costs of at least \$18,605.97 under a cooperative agreement with the State of Texas through the period ending December 31, 2005.
- 4. The Agency for Toxic Substances and Disease Registry has included a copy of a Public Health Assessment dated December 16, 2003.

TOTAL COSTS: \$29,378.77

978802



Personal Identifiers Redacted

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

PAYROLL EXPENSE REPORT

Costs through the period ending December 31, 2005

R & H OIL / TROPICANA San Antonio, Texas (60MB)

EMPLOYEE NAME	FISCAL YEAR	<u>HOURS</u>	AMOUNT
Carpenter, James K.	2004	1.00	\$ 49.05
Erlwein, Roberta	2002	1.00	49.91
Knowles, Robert B.	2002	16.50	682.44
	2003	7.00	303.73
	2004	16.50	696.17
т	OTAL	42.00	\$ 1,781.30

DOCUMENTATION

COPY OF PAYROLL EXPENSE REPORT COPY OF TIME SHEETS COPY OF ACTIVITY CODES AND DEFINITIONS

Payroll Expense Report

10/01/1988 Thru 01/07/2006

CRS No: 60MB - R & H OIL/TROPICANA, BEXAR

Employee Name	FY	PP	Act Code	Hours		Dollar Amount
CARPENTER, JAMES K	2004	07	B00 Fiscal Year Total:	1.00 1.00	 \$	49.05 49.05
			Employee Total:	1.00	\$	49.05
ERLWEIN, ROBERTA	2002	19	B00	1.00	•	49.91
			Fiscal Year Total: Employee Total:	1.00 1.00	\$ \$	49.91 49.91
KNOWLES, ROBERT B KNOWLES, ROBERT B	2002 2002	19 20	B00 B00	15.00 1.50		620.40 62.04
NIOWELS, NOBERT B	2002	. 20	Fiscal Year Total:	16.50	\$	682.44
KNOWLES, ROBERT B	2003	06	B00 Fiscal Year Total:	7.00 7.00	\$	303.73 303.73
KNOWLES, ROBERT B	2004 2004 2004 2004 2004 2004 2004	02 03 04 05 06 07 08	B00 B00 B00 B00 B00 B00 B00 Fiscal Year Total: Employee Total:	1.50 4.50 3.00 2.00 2.00 3.00 .50 16.50	\$ \$	61.02 187.52 126.57 85.44 85.44 128.16 22.02 696.17 1,682.34
			Report Total:	42.00	\$	1,781.30

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EMPLO	YEE N	IAME	1 .			NUMBER		PAY	PERIO	D NUME	ER	P	AY PER	IOD DA	ΙTΕ		
	CARPE	NTER, JAMES K.	Pe	ersonal L	dentifier -	s Redacte	d		0	7			1	2/27/20	03		
		-						R	EGULAR	HOURS							
ACT CODE	SITE	SITE NAME AND STATE	s	М	Υ	W	TH	F	s	S	М	Т	W	тн	F	s	TOTAL HOURS
L	Z001	NON-SITE-SPECIFIC	0.00	6.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	78.00
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
B00	A742	MERRIMACK POWER PLANT STATION NH	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
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EMPLO	VEF 9	GRAND TOTAL SIGNATURE		8.00 ATE	8.00	8.00	8.00 SUI	8.00 PERVIS		0.00 NATURE	8.00	8.00	8.00	8.00	B.00 DATE	0.00	80.00
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			1	ATSDR	COST	RECO	VERY	TIME	SHEE	Т				PAGE	1	OF 1	
EMPLO	YEE	NAME	SOCI	AL SEC	URITY	NUMBE	₹	PAY	PERIO	D NUME	ER	P	AY PER	IOD DA	TE		
	ERLWE	IN, ROBERTA	Per	sonal Ide	ntifiers F	Redacted			19		_		06.	/15/2002	?		
• • •		· · · · · · · · · · · · · · · · · · ·			,			R	EGULAR	HOURS							TOT 41
ACT CODE	SITE		s	М	T	W	TH	F	s	s	М	T	W	тн	F	s	HOUR
	Z001	NON-SITE-SPECIFIC	0.00	5.00	6.00	4.50	6.50	6.00	0.00	0.00	8.00	2.50	2.00	5.00	7.00	4.50	57.00
ноо	7A17	HERCULANEUM LEAD SMELTER SITE MO	0.00	1.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	1.00	0.00	0.00	3.0
B00	301M	VALMONT TCE, HAZLETON TWP/W.H PA	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.0
NOO	9075	LAWRENCE LIVERMORE NATL LAB (CA	0.00	1.00	1.00	0.00	0.00	1.50	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	4.00
N00	A665	RHODIA CHEMICAL COMPANY, NEW NJ	0.00	0.00	0.50	0.50	0.00	0.50	0.00	0.00	0.00	0.00	1.50	0.00	1.00	0.00	4.00
H00	A774	GRAND TRAVERSE COMMONS (GTC50 MI	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
ноо	9#CA	STATE OF CALIFORNIA GENERIC S CA	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
ноо	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
ноо	A783	RISDON CORPORATION, DANBURY CT	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
ноо	A615	CAFO FARMS IN MISSOURI MO	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.50
B00	3008	WATSON & JOHNSON LANDFILL, RI PA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	1.50	0.50	0.00	0.00	5.00
ноо	4#SC	STATE OF SOUTH CAROLINA GENER SC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
B00	60JT	PATRICK BAYOU, DEER PARK TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
H00	5#IL	STATE OF ILLINOIS GENERIC SIT IL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
N00	30N2	EASTERN DIVERSIFIED METALS PA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
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		GRAND TOTAL	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	4.50	84.5
MPLO	YEE S	SIGNATURE		DATE	0.00	6.UU		PERVIS				8.00	0.00	8.00	DATE	1 4.50	1 04.5
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EMPLO	YEE I	NAME	SOCI	AL SEC	URITY	NUMBE	₹	PAY	PERIO	D NUMI	BER	Р	AY PER	IOD DA	TE		
	KNOWL	ES, ROBERT B.	Per	sonal Ide	ntifiers l	Redacted		- [19			L	06.	/15/200	?		
					•			R	EGULAR	HOURS							
ACT CODE	SITE		s	М	T	W	TH	F	S	s	М	T	W	TH	F	s	TOTAL HOURS
	Z001	NON-SITE-SPECIFIC	0.00	1.00	1.00	1.50	1.50	1.00	0.00	0.00	1.00	0.00	1.00	1.00	1.00	0.00	10.00
T01	A756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	2.00	1.50	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.50
B00	40QF	ESCAMBIA WOOD-BRUNSWICK WOOD GA	0.00	3.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
B00	60HZ	GRIGGS & WALNUT GROUND WATER NM	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	3.00
B00	60KB	PALMER BARGE LINE, INC, PORT TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.50
BOO	609N	NORTH RAILROAD AVENUE PLUME, NM	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.50	0.00	0.00	0.00	0.00	0.00	2.50
H00	70L3	CHEMICAL COMMODITIES INC., OL KS	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
B00	70XS	TRI-COUNTY PUBLIC AIRPORT, DE KS	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	3.00
ноо	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	4.00	0.00	1.00	1.50	4.00	0.00	0.00	0.00	4.00	1.50	2.00	2.00	0.00	20.00
BOO	60JT	PATRICK BAYOU, DEER PARK TX	0.00	0.00	3.00	0.00	2.00	2.00	0.00	0.00	0.00	0.00	2.50	3.00	2.00	0.00	14.50
воо	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	4.00	3.00	2.00	3.00	0.00	15.00
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		GRAND TOTAL	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	80.00
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MPLC	YEE I	NAME	SOCI	AL SEC	URITY	NUMBER	₹	PAY	PERIO	D NUME	ER	Р	AY PER	IOD DA	NTE		
	KNOWL	ES, ROBERT B.	Per	sonal Ide	ntifiers l	Redacted			20				06.	/29/200	2		
ACT CODE	SITE		s	м	т	W	TH .	R F	EGULAR :	HOURS S	м	Т	W	ТН	F	s	TOTAL HOURS
	Z001	NON-SITE-SPECIFIC	0.00	1.00	3.00	1.00	1.00	1.00	0.00	0.00	0.00	1.00	1.00	1.00	3.50	0.00	13.50
T01	A756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	2.00	3.50	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	7.5
BO 0	40QF	ESCAMBIA WOOD-BRUNSWICK WOOD GA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	2.0
ноо	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	4.00	0.00	3.50	5.00	7.00	0.00	0.00	8.00	3.00	5.00	0.00	0.00	0.00	35.5
B00	60HZ	GRIGGS & WALNUT GROUND WATER NM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.0
B00	60JT	PATRICK BAYOU, DEER PARK TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00
B00	60KB	PALMER BARGE LINE, INC, PORT TX	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	1.50
B00	609N	NORTH RAILROAD AVENUE PLUME, NM	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	2.00	2.00	0.00	7.0
H00	70L3	CHEMICAL COMMODITIES INC., OL KS	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.0
B00	70XS	TRI-COUNTY PUBLIC AIRPORT, DE KS	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.0
H00	60LP	EL PASO COUNTY METAL SURVEY S TX	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	5.0
H00	60HJ	GREENS BAYOU, HARRIS TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	0.00	0.00	3.00
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		GRAND TOTAL	0.00		8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	80.0
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EMPLO	YEE N	IAME	SOCIA	L SEC	URITY	NUMBER	₹	PAY	PERIO	D NUME	ER	P.	AY PER	IOD DA	TE	 	
	KNOWL	ES, ROBERT B.	Per	wonal Ide	ntifiers	Redacted	l		06				12.	/14/200	2		1
								R	EGULAR	HOURS							
	SITE		s	М	r	W	ТН	F	s	s	М	Т	w	TH	F	<u>s</u>	TOTAL HOURS
	Z001	NON-SITE-SPECIFIC	0.00	1.00	1.00	1.00	2.00	8.00	0.00	0.00	1.00	1.00	8.00	1.00	8.00	0.00	32.00
B00	406G	STAUFFER CHEMICAL CO, (TARPON FL	0.00	0.00	0.00	2.00	3.00	0.00	0.00	0.00	3.00	2.00	0.00	0.00	0.00	0.00	10.00
H00	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	0.00	4.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	2.50	0.00	0.00	7.50
BOO	60HZ	GRIGGS & WALNUT GROUND WATER NM	0.00	0.00	1.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.50	0.00	0.00	5.50
800	609N	NORTH RAILROAD AVENUE PLUME, NM	0.00	0.00	0.00	2.00	2.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	6.00
B00	70XS	TRI-COUNTY PUBLIC AIRPORT, DE KS	0.00	5.00	0.00	1.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	3.00	0.00	0.00	11.00
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	2.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	1.00	0.00	0.00	7,00
T01	A756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
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EMPLO	YEE S	GRAND TOTAL SIGNATURE		8.00 ATE	8.00	8.00	8.00 SUF	8.00 PERVIS	0.00 OR SIG	0.00 NATURE	8.00	8.00	8.00	8.00	8.00 DATE	0.00	80.00
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EMPLO	YEE I	NAME		AL SEC				PAY	PERIO	D NUME	BER	P.	AY PER	IOD DA	TE		
	KNOWL	ES, ROBERT B.	Pen	sonal lde:	ntifiers I	Redacted			02				102	/18/2003	3		
ACT	SITE					-		R	EGULAR	HOURS						<del></del> -	TOTAL
	ACCT		S	<u> </u>	T	W	TH	F_	S	S	M	T	W	ТН	F	s	HOURS
	Z001	NON-SITE-SPECIFIC	0.00	9.00	9.00	9.00	9.00	2.00	0.00	0.00	8.00	3.00	8.00	8.00	8.00	0.00	73.00
B00	A455	BRICK TOWNSHIP INVESTIGATION NJ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.50
T01	A756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
B00	1009	W R GRACE & CO, ACTON MA	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	1.50	0.00	0.00	0.00	0.00	3.50
B00	406G	STAUFFER CHEMICAL CO, (TARPON FL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
H00	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.50	0.00	0.00	0.00	0.00	2.50
B00	60HZ	GRIGGS & WALNUT GROUND WATER NM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.50
B00	609N	NORTH RAILROAD AVENUE PLUME, NM	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	0.00	0.00	0.00	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.50
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		GRAND TOTAL	0.00	9.00	9.00	9.00	9.00	8.00	9,00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	84.00
MPLO	YEE S	SIGNATURE		ATE	2.00			ERVIS					1		DATE		1
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	KNOWL	ES, ROBERT B.	Pen	onal Ide	ntifiers I	ledacted			03				11.	/01/200	5		
ACT	SITE							R	EGULAR	HOURS							TOTAL
	ACCT		S	M	T	W	TH	F	\$	S	M	T	W	TH	F	S	HOURS
	2001	NON-SITE-SPECIFIC	0.00	8.00	4.00	1.50	1.50	2.00	0.00	0.00	1.50	0.00	0.00	0.00	2.00	0.00	20.50
B00	A455	BRICK TOWNSHIP INVESTIGATION NJ	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	6.00
T01	A756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	2.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
B00	1009	W R GRACE & CO, ACTON MA	0.00	0.00	3.00	1.50	4.00	0.00	0.00	0.00	3.50	8.00	8.00	8.00	2.00	0.00	38.00
B00	40 <b>6</b> G	STAUFFER CHEMICAL CO, (TARPON FL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00
Н00	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	0.00	1.00	2.00	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00
B00	60HZ	GRIGGS & WALNUT GROUND WATER NM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	0.00	2.00	0.50	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.50
B00	609N	NORTH RAILROAD AVENUE PLUME, NM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00
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	KNOWL	ES, ROBERT B.	Per	sonal Ide	ntifiers l	Redacted			04		······································		11.	/15/2003	3		
ACT CODE	SITE	SITE NAME AND STATE	s	м	т	W	TH	R F	EGULAR S	HOURS S	м	т	W	TH	F	s	TOTAL
002.	Z001	NON-SITE-SPECIFIC	0.00	4.00	2.00	2.00	2.00	8.00	0.00	0.00	2.00	8.00	2.00	2.00	1.00	0.00	33.00
воо	A455	BRICK TOWNSHIP INVESTIGATION NJ	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
T01	A756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00
воо	1009	W R GRACE & CO, ACTON MA	0.00	4.00	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00
B00	406G	STAUFFER CHEMICAL CO, (TARPON FL	0.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	6.00	0.00	6.00	6.00	3.00	0.00	25.00
H00	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	1.00	1.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	7.00
B00	60HZ	GRIGGS & WALNUT GROUND WATER NM	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
B00	609N	NORTH RAILROAD AVENUE PLUME, NM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00
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		GRAND TOTAL	0.00	9.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	81.00
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EMPLO	YEE	NAME	SOCI	AL SEC	URITY	NUMBE	R	PAY	PERIO	D NUM	BER	P	AY PER	IOD DA	ΙΤΕ		
	KNOWL	ES, ROBERT B.	Pen	onal Ide	ntifiers I	ledacted			05				11.	/29/200	3		
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	SITE		s	М	т	W	ТН	F	S	s	м	T	W	ТН	F	s	TOTAL HOURS
	Z001	NON-SITE-SPECIFIC	0.00	2.00	2.00	0.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	60.00
B00	A455	BRICK TOWNSHIP INVESTIGATION NJ	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
T01	A756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	1.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0:00	0.00	9.00
800	1009	W R GRACE & CO, ACTON MA	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
B00	406G	STAUFFER CHEMICAL CO, (TARPON FL	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
ноо	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
BOO	60HZ	GRIGGS & WALNUT GROUND WATER NM	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
BOO	609N	NORTH RAILROAD AVENUE PLUME, NM	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
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		GRAND TOTAL	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	80.00
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EMPLO	YEE I	NAME	SOCI	AL SEC	URITY	NUMBEI	₹	PAY	PERIO	D NUME	BER	P.	AY PER	IOD DA	TE		
	KNOWL	ES, ROBERT B.	Per	ronal Ide	ntifiers l	Redacted			06				12.	/13/200	3		
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	SITE		S	М	Т	W	ТН	F	s	S	М	т	W	ТН	F	S	TOTAL HOURS
	Z001	NON-SITE-SPECIFIC	0.00	2.00	2.00	1.50	0.00	8.00	0.00	0.00	2.00	2.00	2.00	2.00	2.00	0.00	23.50
B00	A455	BRICK TOWNSHIP INVESTIGATION NJ	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
T01	A756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	2.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
B00	1009	W R GRACE & CO, ACTON HA	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00	1.00	0.00	0.00	0.00	0.00	5.00
B00	406G	STAUFFER CHEMICAL CO, (TARPON FL	0.00	6.00	0.00	6.50	0.00	0.00	0.00	0.00	3.00	2.00	4.00	6.00	6.00	0.00	33.50
ноо	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00	3.00
B00	60HZ	GRIGGS & WALNUT GROUND WATER NM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	2.00
B00	609N	NORTH RAILROAD AVENUE PLUME, NM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
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		GRAND TOTAL	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	80.00
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EMPLO	YEE	NAME	SOCIA	AL SEC	URITY	NUMBER	₹	PAY	PERIO	D NUME	ER	P.	AY PER	IOD DA	TE	****	
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ACT CODE	SITE		S	М	Ŧ	W	TH	F	s	s _	м	т	W	ТН	F	S	TOTAL HOURS
	Z001	NON-SITE-SPECIFIC	0.00	1.50	2.00	1.00	3.00	6.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	53.50
B00	A455	BRICK TOWNSHIP INVESTIGATION NJ	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50
T01	A756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
B00	1009	W R GRACE & CO, ACTON MA	0.00	0.00	1.00	2.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
B00	406G	STAUFFER CHEMICAL CO, (TARPON FL	0.00	6.00	4.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13.00
ноо	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	0.00	1.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
B00	60HZ	GRIGGS & WALNUT GROUND WATER NM	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
воо	609N	NORTH RAILROAD AVENUE PLUME, NM	0.00	. 0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
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		GRAND TOTAL	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	80.00
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CT S	SITE	SITE NAME AND STATE	s	м	Т	W	TH	F	EGULAR   S	HOURS S	М	T	W	TH	F	s	TOTA!
Z	001	NON-SITE-SPECIFIC	0.00	4.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	4.00	2.00	3.00	8.00	0.00	61.0
00 A	455	BRICK TOWNSHIP INVESTIGATION NJ	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	1.5
01 A	756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	,1.0
00 1	.009	W R GRACE & CO, ACTON MA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	1.00	0.00	0.00	3.0
00 4	06G	STAUFFER CHEMICAL CO, (TARPON FL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	2.0
00 6	#TX	STATE OF TEXAS GENERIC SITE TX	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	1.00	0.00	0.00	0.00	7.0
00 6	OHZ	GRIGGS & WALNUT GROUND WATER NM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	2.0
00 6	OMB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.5
00 6	09N	NORTH RAILROAD AVENUE PLUME, NM	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	2.0
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		GRAND TOTAL	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	80.0
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COST RECOVERY TIMESHEETS

REVISED ATSDR ACTIVITY CODES AND DEFINITIONS

CODE DEFINITION

A01 EXPOSURE INVESTIGATIONS

Exposure investigations are site-specific investigations carried out for the purpose of further characterizing the extent of human exposure for improving public health decision making. The site-specific information may include results of environmental sampling and biologic testing and evaluation of existing health outcome data. Information obtained from the investigations is included in public health assessments, health consultations, health studies, and public health advisories.

#### A02 EXPOSURE-DOSE RECONSTRUCTION

This method estimates dose based on actual or potential human contact with hazardous substances in the environment. Dose is the amount of contaminant that is absorbed or deposited in the body of an exposed individual over a specified time.

These activities, which support public health assessments and health consultations, include site investigations to determine environmental contamination, exposure pathways, and population exposure; spatial analyses; environmental modeling; and presentation of analyses to state, federal, and local agencies.

#### BOO PUBLIC HEALTH ASSESSMENT

A public health assessment is the evaluation of data and information on the release of hazardous substances into the environment in order to assess any current or future impact on public health, develop health advisories or other recommendations, and identify studies or actions needed to evaluate and mitigate or prevent human health effects.

Activities include preliminary public health assessment activities, Geographical Information System (GIS) analysis, meetings and telephone calls to discuss the site, site visits, community involvement activities, collection of demographic data, and the like.

#### _B01_SITE REVIEW AND UPDATE

This is the re-evaluation of a site's current conditions to ensure that the original public health assessment identified all significant human exposures or health concerns. The activity is an effort to ensure the usefulness of the public health assessment document.

#### CODE DEFINITION

#### _C00_PETITIONED PUBLIC HEALTH ASSESSMENT

A petitioned public health assessment is a health assessment conducted at the request of a member of the public. A team of scientists investigates and gathers information from appropriate local, state, and federal agencies. A screening committee reviews the data to determine if there is a basis for conducting a public health assessment.

#### D00 PUBLIC HEALTH ADVISORY

A public health advisory is a statement of findings that a substance released into the environment poses a significant risk to human health. Recommended measures to reduce human exposure and to eliminate, or substantially mitigate, significant risk to human health are included in the statement.

#### HOO HEALTH CONSULTATION

A health consultation is a written or verbal response from ATSDR to a specific question or request for information pertaining to a hazardous substance or facility. It includes reviewing medical or health information to provide expert medical, epidemiologic, or public health assistance.

#### Q00 MEDICAL WASTE REPORT FOLLOW-UP ACTIVITIES

In response to citizen inquiries, activities include review of EPA documents referencing the ATSDR report and consultations relating to the Agency report.

#### E00 NATIONAL EXPOSURE REGISTRY

The National Exposure Registry is composed of chemical-specific subregistries of eligible persons who came in contact with specific substances at selected locations. Cost recoverable activities may include duties or activities involved in the development, implementation, and maintenance of subregistries to the National Exposure Registry or related preliminary or follow-up activities.

CODE DEFINITION

#### J00 HEALTH STUDIES/EPIDEMIOLOGY STUDIES

Epidemiologic studies are designed to evaluate the causal nature of associations between human exposure to hazardous substances and disease outcome by testing scientific hypotheses. These studies do have comparison populations.

#### J01 HEALTH STUDIES/HEALTH INVESTIGATIONS

These human health studies include biological indicators of exposure studies, biomedical testing, case studies, cluster investigations, community health investigations, and disease and symptom prevalence studies. These studies may or may not have comparison populations.

#### J02 HEALTH STUDIES/HEALTH STATISTICS REVIEW

This is a review and analysis of existing data to determine abnormal morbidity or mortality. These reviews are classified by data source information, which may include birth certificates, death certificates, and state and local government records.

#### J03 HEALTH SURVEILLANCE ACTIVITIES

Health surveillance activities evaluate trends in adverse health effects or exposure over time. Health surveillance at ATSDR includes five types of surveillance: Hazardous Substances Emergency Events Surveillance Systems (HSEESS), hazardous waste worker surveillance, site-specific surveillance, long-term relocation surveillance (a subset of site-specific surveillance), state-based surveillance, and tracking systems, including the voluntary residents tracking system.

#### V01 HEALTH PROFESSIONAL EDUCATION

These activities are designed to improve the knowledge, skill, and behavior of health professionals concerning medical surveillance, screening, and methods of diagnosing, treating, and preventing injury or disease related to exposure to hazardous substances. They may include presenting workshops and short courses, supporting curriculum development and applied research in the area of environmental health, and increasing the availability of information on hazardous substances to physicians and other health professionals.

CODE DEFINITION

_V02___ COMMUNITY HEALTH EDUCATION

These activities are directed toward the community near a hazardous waste site and designed to assist the community in understanding its potential for exposure, or assessing adverse health occurrence in the community, for the purpose of preventing or mitigating exposure to hazardous substances. Activities may include disseminating written materials, presenting coordinated programs involving on-site actions and site-specific materials development (prevention oriented), or supporting an on-site health educator.

#### K00 EMERGENCY RESPONSE

This is a response to a release or threat of release of pollutants and contaminants that may present an imminent and substantial danger to public health or welfare.

#### M00 LEGAL CONSULTATION

This is a consultation with the Office of the General Counsel regarding a specific site.

#### NOO MANAGEMENT INFORMATION SYSTEMS (SITE-SPECIFIC)

These are site-specific activities involved with ATSDR's Management Information System/HazDat, data analysis, or other Agency information systems.

COST RECOVERY TIMESHEETS
REVISED ATSDR ACTIVITY CODES AND DEFINITIONS

#### SITE-SPECIFIC ACTIVITIES

#### ACTIVITY CODES

- _A01_EXPOSURE INVESTIGATIONS
- _A02_EXPOSURE-DOSE RECONSTRUCTION
- _B00_PUBLIC HEALTH ASSESSMENT
- _B01_SITE REVIEW AND UPDATE
- _C00_PETITIONED PUBLIC HEALTH ASSESSMENT
- _D00_PUBLIC HEALTH ADVISORY
- _H00_HEALTH CONSULTATION
- _Q00_MEDICAL WASTE REPORT FOLLOW-UP ACTIVITIES
- _E00_NATIONAL EXPOSURE REGISTRY
- _J00_HEALTH STUDIES/EPIDEMIOLOGY STUDIES
- _J01_HEALTH STUDIES/HEALTH INVESTIGATIONS
- _J02_HEALTH STUDIES/HEALTH STATISTICS REVIEW
- _J03_HEAHEALTH SURVEILLANCE ACTIVITIES
- V01 HEALTH PROFESSIONAL EDUCATION
- _V02__ COMMUNITY HEALTH EDUCATION
- _K00_EMERGENCY RESPONSE
- _M00_LEGAL CONSULTATION
- NOO MANAGEMENT INFORMATION SYSTEMS (SITE-SPECIFIC)

EFFECTIVE OCTOBER 2, 1994 NON-SITE-SPECIFIC ACTIVITIES:

#### SITE ACCOUNT CODES

Z001 NON-SITE-SPECIFIC ACTIVITIES

LWOP LEAVE WITHOUT PAY

#### AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

#### INDIRECT COST RATE EXPENSE

Costs through the period ending December 31, 2005

R & H OIL / TROPICANA San Antonio, Texas (60MB)

FISCAL YEAR	RATE	<u>HOURS</u>	<u>A</u>	MOUNT
2002 2003	\$ 210.00 (1) \$ 217.00 (1)	17.50 7.00	\$ _\$	3,675.00 1,519.00
INDIRECT TOTALS		24.50		5,194.00
2004	\$ 217.00 (2)	17.50	_\$	3,797.50
PROVISIONAL INDI	RECT TOTALS	17.50		3,797.50
TOTAL INDIRECT	соѕтѕ	42.00		8,991.50

Note (1) The listed indirect cost rate was compiled by Cotton and Company, a CPA firm under contract to ATSDR. The documentation to support the final CPA calculations has been provided to EPA regional offices under a separate cover.

Note (2) ATSDR includes a provisional indirect cost rate for fiscal year(s) when a final rate has not yet been developed. The provisional rate is the most recent final indirect cost rate. When a final rate is developed for the fiscal year, ATSDR will make appropriate adjustments to reflect the difference between the provisional rate and the final rate in future cost recovery packages.

#### DOCUMENTATION:

COPY OF INDIRECT COSTS REPORT COPY OF INDIRECT COST RATES

Personal Identifiers Redacted

### **Indirect Costs Report**

Site Name: 60MB - R & H OIL/TROPICANA, BEXAR Fiscal Year Range: 1989 To 2006

Pay Period Date Range: 10/1/1988 To 1/7/2006

FY	Indirect Rate	Hours	Indirect Cost
2002	210.00	17.50	3,675.00
2003	217.00	7.00	1,519.00
2004	217.00**	17.50	3,797.50
Indirect Totals	s:	24.50	5.194.00
Provisional In	direct Totals:	17.50	3,797.50
T-4-11		40.00	0.004.50
Total indirect	Costs:	42.00	8,991.50

^{** -} ATSDR includes a provisional indirect cost rate for fiscal year(s) when a final rate has not yet been developed. The provisional rate is the most recent final indirect cost rate. When a final rate is developed for a fiscal year, ATSDR will make appropriate adjustments to reflect the difference between the provisional rate and the final rate in future cost recovery packages.

#### **EXHIBIT A**

# AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY FISCAL YEAR 2002 INDIRECT COST RATE FOR THE SUPERFUND PROGRAM

Indirect Costs	Regional Operations	Division of Health Assessments and Consultation	Division of Health Studies	Division of Toxicology	Division of Health Education and Promotion	Total
Division/Office	\$1,111,431	\$6,130,485	\$1,110,898	\$272,048	<b>\$</b> 418,881	\$9,043,743
G&A Costs	2,890,103	8,022,945	4,081,695	4,024,639	2,925,215	21,944,597
Allocation of G&A to Other Activities	(1,267,978)	(1,889,404)	(2,713,492)	(3,664,836)	(2,704,068)	(12,239,778)
Research and External Affairs	598,403	2,273,014	,	55,416	120,985	3,047,818
Total Indirect Costs	\$3,331,959	\$14,537,040	\$2,479,101	\$687,267	\$761,013	\$21,796,380
Direct Hours (CERCLA Employees)						103,912
Rate Per Hour						\$210
Rate I et 11001						

#### EXHIBIT A

# AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY FISCAL YEAR 2003 INDIRECT COST RATE FOR THE SUPERFUND PROGRAM

Indirect Costs	Regional Operations	Division of Health Assessment and Consultation	Division of Health Studies	Division of Toxicology	Division of Health Education and Promotion	T'otal
Division/Office	\$1,240,594	\$7,433,738	\$1,021,244	\$657,706	\$85,915	\$10,439,197
G&A Costs	3,182,440	8.086.341	4,383,764	4,359,935	3,182,440	23,194,920
Allocation of G&A to Other Activities	(1,317,630)	(534,507)	(2,587,845)	(3,696,789)	(2,903,022)	(11,039,793)
Research and External Affairs	545,665	2,588,539	(-,,,	144,332	131,249	3,409,785
Total Indirect Costs	\$3,651,069	\$17,574,111	\$2,817,163	\$1,465,184	\$496,582	\$26,004,109
Direct Hours (CERCLA Employees)						119,834
Rate Per Hour						\$217

#### AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

#### COOPERATIVE AGREEMENT EXPENDITURES

Texas Department of State Health Services Environmental & Injury Epidemiology and Toxicology Branch

Costs through December 31, 2005

for

R & H OIL / TROPICANA San Antonio, Texas EPA FACILITY No. TX0000605397 (60MB)

Total costs: \$ 18,605.97

#### DOCUMENTATION:

COPY OF COST RECOVERY DOCUMENTATION PROVIDED BY THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES, ENVIRONMENTAL & INJURY EPIDEMIOLOGY AND TOXICOLOGY BRANCH



#### TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EDUARDO I, SANCHEZ, M.D., M.P.H. COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756 1-888-963-7111 • http://www.dshs.state.tx.us

March 8, 2006

Betty N. Jones
Agency for Toxic Substances and Disease Registry
OFAS/ Mail Stop E-28 Fourth Floor
1600 Clifton Road, NE
Atlanta, Georgia 30333

ATTN: Tim Reynolds

and the second second

In response to your February 21, 2006 request for the R & H Oil/Tropicana, San Antonio, Texas (60MB), EPA Facility No. TXD0000605397 Superfund site cost recovery package, we submit the following costs for the time from when work began through September 29, 2994 and April 1, 2005 through December 31, 2005. There have been no cost recoverable activities since January 31, 2004.

Cooperative Agreement FY01	Hours	Salary	Fringe Benefits (22.08%)	Total Payroll-	Travel Costs	Non Site- specific (8.1%)	Total Costs per person
Keith Hutchinson	2	\$37.86	\$8.36	\$46.22	\$0.00	\$3.74	\$49.96
Susan Prosperie	19.8	\$444.71	\$98.19	\$542.90	\$0.00	\$43.97	\$586.87
Tom Ellerbee	50	\$974.00	\$215.06	\$1,189.06	\$47.29	\$96.31	\$1,332.66
FY01 EXPENSES				• .			\$1,969,49

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Cooperative Agreement FY02	Hours	Salary	Fringe Benefits (22.08%)	Total Payroll	Travel Costs	Non Site- specific (9.9%)	Total Costs per person
Susan Prosperie	4.5	\$85.19	\$18.81	\$103.99	\$0.00	\$10.30	\$114.29
Tom Ellerbee	225	\$4,710.10	\$1,039.99	\$5,750.08	\$62.48	\$569.26	\$6,381.82
FY02 EXPENSES	•			. 20.	-1 -1 -1	•	\$6,496.11

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Cooperative Agreement FY03	Hours	Salary	Fringe Benefits (23.02%)	Total Payroll	Travel Costs	Non Site- specific (9.9%)	Total Costs-per person
Susan Prosperie	1	\$22.46	\$5.17	\$27.63		\$2.74	\$30.37
Tom Ellerbee	. 312	\$6,726.93	\$1,548.54	\$8,275.47	\$0.00	\$819.27	\$9,094.74
Tina Walker	2	\$35.78	\$8.24	\$44.02		\$4.36	\$48.37
FY03 EXPENSES				·		:	\$9,173.48

An Equal Employment Opportunity Employer

Betty N. Jones March 8, 2006 Page 2

Cooperative Agreement FY.04	Hours	Salary	Fringe Benefits (28.46%)	Total Payroll	Travel Costs	Non Site- specific (10.5%)	Total Costs per person
Tom Ellerbee	18	\$394.92	\$112.39	\$507.31	\$0.00	\$53.27	\$560.58
Tina Walker	16	\$286.24	\$81.46	\$367.70		\$38.61	\$406.31
FY04 EXPENSES							\$966.89

TOTAL EXPENSES

\$18,605.97

For recoverable costs, we reviewed staff time and expenses under our Health Assessment, Health Education, Combined (607), andor Program Announcement 1043 Cooperative Agreements with the Agency for Toxic Substances and Disease Registry. If you have any questions regarding this information, please call me at (512) 458-7269.

Sincerely,

Nancy B. Ingram

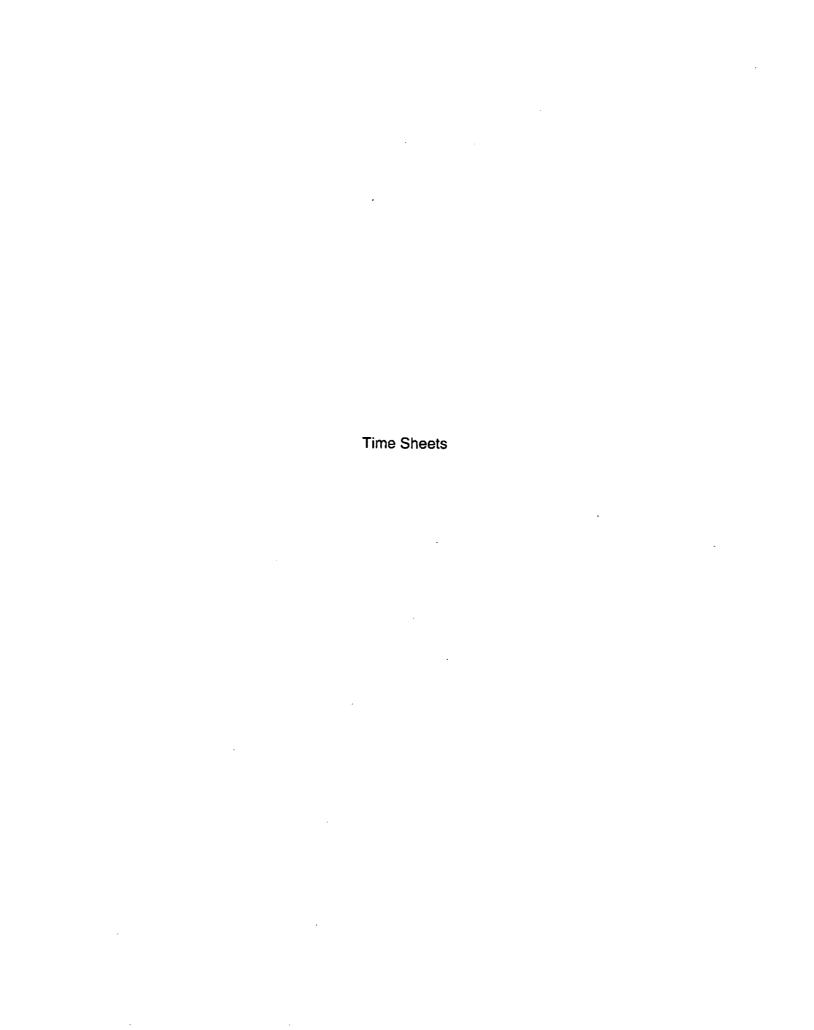
Public Health Technician

Environmental and Injury Epidemiology

and Toxicology Branch

Enclosures

An Equal Employment Opportunity Employer



# ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

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### ENVIRONMENTAL EPI & TOX DIVISIO Work

Day Mon-Fri **COST RECOVERY TIME SHEET** Schedule Hou 8:00-5:00 Lunch 1 hr

2001 Environmental Epi & Tox Division August (Year) Division/Region/Local Health Department Employee Begin Date Prosperie L. Susan Complete in first month of employment only Last Name First Name Initial % Time Employed: 100 FWS Yes_No_ Personal Identifiers Redacted 4C420 65 Employee End Date Complete in last month of employment only Social Security Number Budget No. Item No. Hourly Employee Yes___No X # HRS in Month 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Activity Code Total ATSOR Administration 402 1.0 0.5 1.5 Ridgaway Petition site 402 23.0 1.0 2.5 . . . 0.5 1.0 1.0 1.0 2.0 3.0 3.0 6.0 Patrick Bayou 402 0.5 0.5 402 0.2 Corpus Christi Landfill 0.8 0.1 0.5 4.5 2.0 El Paso County/ Dona Ana Co 402 0.5 1.0 402 6.5 2.0 2.0 1.0 1.5 Malone No Vou **C\$11.00** R & H Oil 402 19.8 0.1 1.0 8.0 8.0 0.5 0.2 0.5 0.5 1.0 407 106.7 4.9 6.0 5.0 3.3 3.5 6.0 7.0 2.5 6.8 6.0 7.0 5.0 3.5 8.0 8.0 4.8 1.5 8.0 **TDH Administrative** 4.9 Arroyo Colciado Sediment 407 1.0 407 407 407 407 407 407 407 407 407 407 407 407 Subtotal Working Time 164.3 8.0 8.0 8.0 3.3 7.0 8.0 8.0 4.5 8.0 8.0 8.0 7.0 6.5 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 Leave: Annual 10.0 990 8.0 1.0 1.0 Sick-Employee 986 Sick-Family Member 991 9.7 Leave Without Pay 992 Leave wio Pay-Sick 987 Overtime Comp Taken 971 Compensatory Time Taken 993 *Other 988 *Emergency Leave 995 * "Hobdays 999 8.0 TOTAL 192.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 ### 8.0 8.0 8.0 8.0 Holiday Subs. Earned 876 Compensatory Time Earned 950 FLEX Work Sched Adjust 955 * Other: **Hourly employees leave this line blank. Fiscal will compute certify that the time shown Code Holiday Subs. Taken 975 Extended Sick Leave 994 Emergency Leave 995 RCD STAMP Jury Duty 996 Military Leave 997 Timekeeper Initial **Authorized Payroil Signature** Volunteer Fireman 998 Administrative Leave 988 Form No. B-53 Revised 3/98 (cb-garo 5.0) Date

## ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work Days Mon - Fri

August		2001																							90											
		(Year)	-	Division/Region/Local Health Department																									ı		Lun	nch			1	
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### ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work Days Mon - Fri

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### ENVIRONMENTAL EPI & TOX DIVISION TO THE SHEET

Days Mon-Fri

**COST RECOVERY TIME SHEET** 2002 June Environmental Epi & Tox Division Schedule Hour 7:30-4:30 Division/Region/Local Health Department Lunch | hr (Year) Prosperie Susan **Employee Begin Date** FWS Yes_ No_ Initial Complete in first month of employment only Last Name % Time Employed:100 First Name Personal Identifiers Redacted Employee End Date 4C420 Complete in last month of employment only Social Security Number Item No. Hourly Employee Yes No X # HRS in Month ___ 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Activity Code Total 5 6 7 8 9 ATSDR Administration 402 2.0 1.0 1.0 4.5 1.0 3.5 R&H Oil Company 402 402 2.0 Koch West Petition site 1.0 1.0 402 3.0 2.0 2.0 El Paso Metals 16.0 5.0 4.0 402 4.0 1.0 1.0 6.0 Brine Services Corpus Christi Landfill Co 402 402 TDH Administrative 407 111.6 11 5.0 7.0 8.0 7.0 7.0 7.0 6.6 6.0 2.5 6.0 7.0 6.0 3.0 6.0 6.0 3.0 4.0 3.5 Laredo Air Base 407 10.0 407 407 407 407 407 407 407 407 Conroe Creosoting 407 2.0 1.0 407 407 407 407 Subtotal Working Time 154.1 11.0 5.0 8.0 8.0 7.0 8.0 8.0 6.6 8.0 8.0 6.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 6.5 eave: Annual 990 Sick-Employee 986 3.9 1.0 1.4 Sick-Family Member 991 2.0 2.0 992 Leave Without Pay 987 Leave w/o Pay-Sick 971 Overtime Comp Taken Compensatory Time Take 993 ----*Other 988 *Emergency Leave 995 **Holidays 999 8.0 TOTAL 168.0 11.0 5.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 16.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 Holiday Subs, Earned 976 Compensatory Time Earne 950 FLEX Work Sched Adjust 955 I certify that the time shown is correct and that all beave has been properly recorded: Other: **Hourly employees leave this line blank. Fiscal will compute. Code Holiday Subs. Taken 975 Extended Sick Leave 994 **Emergency Leave** visor's Signature 995 RCD STAMP Jury Duty 996 Military Leave 997 Timekeeper Initial Authorized Payroll Signature Volunteer Fireman 998 Administrative Leave 988 Form No. B-53 Revised 3/98 (cb-apro 5.0) Date

# ENVIRONMENTAL EPI & TOX DIVISION | Work | Days Mon - Fri

October		2001	1 BUREAU OF EPIDEMIOLOGY																							4:00	,											
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1	Lunch		

2002 **BUREAU OF EPIDEMIOLOGY** (Year) Division/Region/Local Health Department **FLLERBEE** THOMAS Employee Begin Date Last Name First Name Initial Complete in first month of employment only % Time Employed: 100 FWS Yes__ No ___ Personal Identifiers Reducted 46420 75 Employee End Date Social Security Number Budget No Item No Complete in last month of employment only Hourly Employee Yes No X # HRS in Month 184 Activity Code Total 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Travel S ATSDR Administrative 402 **建** R&H Oil/Tropicana Energy 402 95 8 7 7.5 7.5 Palmer Barge Line 402 0.5 0.5 1.3 BFI-Tesuman Road landfill 402 1.5 1 0.5 402 TDH Administrative 407 1 0.5 0.5 407 11 407 1524 *** 407 407 407 *50 Subtotal Working Time 168 1277 Leave: Annual 990 8 Sick-Employee 886 Sick-Family Member 991 Leave Without Pay 892 Lauve wdo Pary-Sick 987 Overtime Comp Taken 971 Compensatory Time Taken 993 *Jury Duty 996 Emergency Leave 995 **Holidays 889 8 TOTAL 8 184 8 B 8 8 8 8 8 8 Holiday Subs. Earned 44 976 Compensatory Time Earned 950 FLEX Work Sched Adjust 955 I certify that the time shown is correct and that all leave has been properly record Other: ** Hourly employees leave this line blank. Fiscal will compute. Code Holiday Subs. Taken 975 Extended Sick Leave 994 Employee's Signature **Emergency Leave** 995 Jury Duty 996 Military Leave 997 Supenneor's Signature Volunteer Fireman 998 Administrative Leave Authorized Payroll Signature 988 Timekeeper Initial Form No. B-53 Revised 3/98 (cb-qpro 5.0)

### ENVIRONMENTAL EPI & TOX DIVISION

JUNE	2002	BL	JREA	U O	F EPI	DEM	NOLC	OGY		C	<b>DS</b>	T I	RE	CO	VE	RY	<b>'</b> T	<b>IM</b>	E	SH	EET			Scho	rdule	Hour	7:30 -	16:00			
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### **ENVIRONMENTAL EPI & TOX DIVISION**

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Days Mon-Fri

September 2003 **Environmental Epi & Tox Division** Schedule Hour 7:00-4:00 (Year) Division/Region/Local Health Department Lunch | lbr Prosperie Susan Employee Begin Date Complete in first month of employment only Last Name First Name Initial % Time Employed: 100 FWS Yes No Personal Identifiers Redacted E0120 8928 Employee End Date Social Security Number Budget No. Employee # Item No. Complete in last month of employment only Hourly Employee Yes___No X # HRS in Month ____ Activity Total 1121314 5 6 7 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 ATSDR Administration 402 1.0 Longhom/Caddo fish sxq 402 1.0 0.5 Conroe Creasating Comp 402 ·/ 1.3 0.3 117 Guifco Marine Maintenan 402 Falcon Industries 402 R&H Refinery 402 / 1.0 402 402 407 **IDH** Administrative 7.0 3.0 3.5 6.0 6.5 5.2 6.5 3.0 6.0 4.5 Ballard Pits Corpus Christi 407 11.5 407 Booker Landfill Hebbronville Jim Hogg W 407 15.5 2.0 2.0 2.0 2.0 0.5 0.5 0.5 2.0 2.0 Cox Road Dump 407 8.5 2.0 2.0 2.0 2.0 0.5 Lutido Concern 407 0.5 407 407 407 407 407 407 407 407 Subtotal Worlding Time 128.00 8.0 8.0 5.5 6.0 6.5 8.0 4.0 8.0 8.0 6.5 eave: 990 Annual Sick-Employee 986 4.50 Sick-Family Member 991 3.0 2.5 2.0 Leave Without Pay 992 410 Leave w/o Pay-Sick 987 22.0 971 Overtime Comp Taken 8.0 8.0 2.0 Compensatory Time Tak 993 6.0 *Other 988 Jury Duty 996 "Holidays TOTAL 999 176.00 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 Holiday Subs. Earned 976 Compensatory Time Earne FLEX Work Sched Adjust 950 955 Certify that the time shown is correct and that all leave has been properly recorded:

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**OCTOBER** 

ELLERBEE

Last Name

Activity

Port Drum

Falcon Refinery

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#### ENVIRONMENTAL EPI & TOX DIVISION

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## ENVIRONMENTAL EPI & TOX DIVISION | Work | Days Mon - Fri | COST RECOVERY TIME SHEET | Schedule | Hour 7:30 - 16:00

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### ENVIRONMENTAL EPI & TOX DIVISION Work Days Mon - Fri COST RECOVERY TIME SHEET

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Days 5

COST RECOVERY TIME SHEET BUREAU OF EPIDEMIOLOGY December, 2002 2002 Schedule Hours Division/Region/Local Health Department (Year) Lunch 1 hour Walker Tina Employee Begin Date Complete in first month of employment only Last Name First Name Initial % Time Employed:100 FWS Yes_XXX__ No ___ Personal Identifiers Redacted 4C420 98 **Employee End Date** Social Security Number Budget No Item No. Complete in last month of employment only Hourly Employee Yes No X # HRS in Month 2 3 4 5 6 103/14/18 9 10 11 12 13 副時間時間 16 17 18 19 20 配送器 23 24 25 26 27 原稿開設署 30 31 Travel \$ Activity Code Total ATSDR Administrative 402 78 Contact Cresonal Severe St. 15020 El Paso Metal Survey to 19402 Coddo Loko William Market Land 201 402 Ptrick Bayou 2 2 A&H Oil 402 STARS Updated 解源。如果 402 407 32 TDH Administrative 8 8 407 407 TDH 3 407 TDH 4 407 8 8 Subtotal Working Time 120 次 8 7 8 81 8 8 Leave: 19 8 Annual 990 **100** 986 Sick-Employee Sick-Family Member 991 eave Without Pay 992 Leave w/o Pay-Sick 987 Overtime Comp Taken 971 Compensatory Time Taken 993 24 m Other 996 Administrative Leave 988 **Holidays 999 8 8 TOTAL 81 8 8 8 8 В 8 8 8 81 8 8 A CL Holiday Subs, Earned 976 Compensatory Time Earned 950 FLEX Work Sched Adjust 955 * Other: *Hourly employees leave this line blank, Fiscal will compute. I contify that the time shown is correct and that all leave has been properly recorded: Code 29 Holiday Subs. Taken 975 Extended Sick Leave 994 4444 40 Emergency Leave 995 Jury Duty 996 Military Leave 997 Supervisor's Signature Volunteer Fireman 998 Administrative Leave 988 Timekeeper Initial Authorized Payroll Signature

RCD STAMP

Date

Form No. B-53 Revised 3/98 (cb-qpro 5.0)

### ENVIRONMENTAL EPI & TOX DIVISION Work Days Mon - Fri COST RECOVERY TIME SHEET Schedule Hour 7:30 - 16:00

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### ENVIRONMENTAL EPI & TOX DIVISION | Work | Days Mon - Fri | COST RECOVERY TIME SHEET | Schedule | Hour 7:20 - 1600

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Travel Vouchers

#### DO NOT STAPLE OR WRITE IN THIS SPACE. BARCODE LABEL HERE.

### STATE OF TEXAS TRAVEL VOUCHER FORM



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1 Archive ro	ference number	2 Agency number 501	3. Agency run		CAS DEP	ARTME	NT OF H	EALTH		Contain advances number		
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					08/09/01	501	01	\$47.	20	11 % ) ) (10)		
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IO PAYIO:(M	ane, soon en , Lay, 1006, 2		as R. Ellerb	oee					Resources	Specialist IV		
		Personal Id	entifiers Red	acted				12.Designated be	adquarters			
			-				· · · · · · · · · · · · · · · · · · ·	Austin, T	exas			
13 Payee ide	Personal Id	lentifiers Reda	cted		14 AGENCY USE FUND	11530	BUDGET 4C420	CAT 11	ACTIVITY _	402		
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16 Service date	Service dates(Last date of Travel) 17. Description											
	*	08/09/01				<u> </u>			<del></del>			
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	Expense demization for	<del></del>			A '- F							
	Fares, Public Transports Personal car mileage	168.9 mile:	Taxi	bu l	Air Fare	\$ 0.28	Rental car			647.30		
	···	100.7 miles	Miles @ (Rate	a sa uy ca		3 0.20						
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	Parking Incidental expenses (Ites	mine)			- Manual Financian	find the model of						
				tel - City ta	n. Hotel - State tax:	fisel for rental o	<u> </u>					
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								TOTAL	·	\$47.29		
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Claimant vign here	wow R.	Ellehre	8101	ol .	Supervisos sign	Vane	Ro Du	210m	Date	110/01		
20 Contact na	me		Date	<u> </u>	Phone(Area code	and number	21.Enecred by	LUM	Date			
Susie Co			08/10/01	<del></del>	7.56	•		<del>_</del>				
11	ny Plac	on			Title				Date 8/	10/01		

I: STATE			_					PER DIE	M (Lodging Receipt Re	ACTUAL EXPENSE				
•	Leave leadquart	ım		Ь	Arrive Headquar			c Meals non overnight not to	d Actual meab not to exceed \$25	e, Actual lodging not to	f. TOTAL not to exceed \$95	8	<u> </u>	
Date	Hour	Min	m	Date	How	Min	m	exceed \$25		exceed \$70.		Meals	Lodging	TOTAL
08/09	7	30	A	08/09	4	30	P				\$0.00			
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		-												
				тот	AL PART	ial per	DIEM	j	TOTAL	MEALS AND LODGING	k. \$0.00	TOTAL AC	TUAL EXPENSE	1.

7	107134	

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OUT-OF-ST	ATE							PER DIEM	d (Lodging Receipt Req	uired)		ACTUAL EXPENSE (No Receipts Required)		
пÞ	no Leave a Arrive Headquarters Headquarters			_	o Meals p. Meals non overnight not to exceed exceed \$26		q. Actual lodging not to exceed	r. TOTAL not to exceed Federal Rate	1.	t.	<b>.</b>			
Date	Hour	Min		Date	Hour	Min	7.0		,	Federal Rate		Meals	Lodging	TOTAL
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				TOTA	L PARTL	AL PER I	DIEM	٠	TOTA	AL MEALS & LODGING	<b>w</b>	TOTAL ACTUAL EXPENSE x		

#### 7117134

#### 7116100

	717134 7110100	
DATE	y. INFORMATION REQUIRED BY THE <u>STATE OF TEXAS TRAVEL ALLOWANCE GUIDE</u> AND OTHER PERTINENT INFORMATION.	MILEAGE POINT TO POINT*
08/09/01	Traveled from Austin headquarters via personal vehicle (1100 W. 49° Street) to 403 Somerset, San Antonio, Texas. I traveled to perform specific job duties which required my personal attention. Conducted a site inspection of R & H Oil Superfund site.	77.5 miles
	Traveled from 403 Somerset, San Antonio, Texas to 535 New Laredo Highway, San Antonio, Texas.  Attended community meeting concerning R & H Oil Superfund site at St. Joseph School.	5.7 miles
	Traveled from 535 New Laredo Highway, San Antonio, Texas to 332 W. Commerce, San Antonio, Texas.  Met with officials of San Antonio Metropolitan Health District, Environmental Services Division concerning the R & H Oil Superfund site.	8.2 miles
	Departed San Antonio via personal vehicle for Austin, Texas. Arrived at TDH Austin headquarters to complete travel status.	<u>77.5</u> miles 168.90 miles
	*Show point-to-point breakdown, including intra-city mileage claims	

Use an additional form or a "CONTINUATION SHEET", if additional space is needed.

#### DO NOT STAPLE OR WRITE IN THIS SPACE. BARCODE LABEL HERE.

### STATE OF TEXAS TRAVEL VOUCHER FORM

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				10/18/01	501	01	\$62.4	8		
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ł	Person	al Identifiers Re	lacted			i		Tayas		
11 Payes is	lentification number			14 AGENCY USE	·		Austin, Te	A43		
	Per	sonal Identifiers			<u> </u>	BUDGET 4C420				
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	les(Last date of Travel)	<u></u>	17 Description				<u></u>			
	10/18/0	1								
. 8	DISTRIBUTION							JUMOUNTS .		
	Expense itemization for	in state travel		<del> </del>						
	Fares, Public Transport	ntion(Attach Receipts)	Taru	Air Fare		Rental car				
	Personal car mileage	18t.t miles	Miles @ (Rate	set by Legislature)	5 0.345			\$62.48		
	Mests and/or lodging		~				<u>-</u>			
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	Incidental expenses (Iter	muze)	Hote	- City tax Hotel - State	us fuel for remus	lar				
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	Fares, Public Transporta		The	Av Fue		Rental car				
	Personal car mileage		Miles @ (Rue	set by Legislature)		7600	—— <u></u>			
	Meals and/or lodging							· · · · · · · · · · · · · · · · · · ·		
	Parking						······································			
	Incidental expenses (Iten	m <i>te</i> )				<del></del>				
			······································							
							TOTAL	\$62.48		
	at the expense account sh considering the value of		and unpaid All cl	ums for miletige reimbursemi	ent are based on the sho	rtest distance between point		J. 70		
i Tamoni iigh here	omas R. Ell	lestre	10-23	-O, Supervisor				10-27-01		
21 Contact na	ie Colli	an	1023	Phone(Area c	od and number)	21 Emerad by	Collin	10-24-01		
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N-STATE								PER DIE	M (Ladging Receipt Re	quired)		ACTUAL EXPENSE		
<u> </u>	Leave Headquar	lers		<b>b</b> .	Arrive Headquar			c. Meals non overnight not to	d. Actual meals not to	e. Actual ladging nos to	f. TOTAL not to exceed \$95	8	8 h. i	
Date	Hour	Min.	-	Date	Hour	Min	•	exceed \$25	exceed \$25	exceed \$70		Meals	Lodging	TOTAL
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	<u> </u>		<u></u>	101.	AL PART	TAL PER	DIEM	j.	TOTAL	MEALS AND LODGING	k.	TOTAL AC	TUAL EXPENSE	1.
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OUT-OF-\$1	TATE							PER DIE	M (Lodging Receipt Rec	wired)			TUAL EXPENSE			
m	Leave			a.	Arrive Hesôgean			o, Meals non overnight	p Meals not to	q Actual lodging	r. YOTAL	(111				
		,	_	<u> </u>				nat to exceed \$26	exceed Federal Rane	not to exceed Federal Rate	exceed Federal Rate	s Meala	TOTAL			
Due	How	Mio	19.	Date	Hour	Min	-			1000						
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		<u> </u>		101/	U. PARTI	AL PER	DIEM	<b>v</b> .	TOTA	L MEALS & LODGING		TOTAL AC	TUAL EXPENSE			

7117134

7116100

DATE	y Information required by the <u>State of Itzas Travel allowance guide</u> and other pertinent information	MILEAGE POINT TO POINT					
10/18/01	Traveled from Austin headquarters, 1100 W 49th Street, to San Antonio Metropolitan Health District, 332 W. Commerce Street, San Antonio, Texas. Met with officials of San Antonio Metropolitan Health District, Environmental Services Division concerning the R & H Oil/Tropicana Energy Superfund site	81.2 miles					
	Traveled from San Antonio Metropolitan Health District to 403 Somerset, San Antonio, Texas. Conducted a site inspection of R & H Oil/Tropicana Energy Superfund site.	6.0 miles					
	Traveled from R & HOil/Tropicana Energy Superfund site to 1310 Division Street, San Antonio, Texas. Interviewed home owner about their water well usage and sampling information.	2.8 miles					
	Traveled from 1310 Division Street to San Antonio Metropolitan Health District, 332 W. Commerce.						
	Traveled from San Antonio Metropolitan Health District to Austin headquarters.	9.6 miles <u>81.5</u> miles 181.1 miles					
	*Show point-to-point breakdown, including intra-city mileage claims						

Use an additional form or a "CONTINUATION SHEET", if additional space is needed.

Rate Agreements

es of 03/03

Schedule B

FY02

	Allocated Expeditures 10/01 - 09/02 as of 03/03	Adjustments Or	Cr	Subtotal Expenditures 10/01 - 09/02 as of 03/03	Projected Expenditures 09/02	Outstanding Encumbrances as of 03/03 as of 03/03	Contractual as of 03/03	Total Expend. 10/01 - 09/02 as of 03/03	FY 102 Award	Unobligated Balance of Award
O1 Salaries	87,8 <u>22.5</u> 7 0.00			67,622.57 0.00			ماجاي ريا	Britis		
Subtotal Salanes	87,822.57	0.00	0.00	87,822.57	0.00	0.00	CA 70. 10 Mg.	87,822.57	172,731.00	84,908.43
10 Fringe Benefits	23,718.19	0.00 2)	0.00	23,718.19	0.00	0.00	Colar Son b	23,718.19	38,139.00	14,420.81
11 Travel	8,676.50	0.00	0,00	8,876.50	0.00	0.00	•	8,878.50	12,121.00	3,244.50
12 Travel (Out of State)	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
Prof Fees & Services	0.00	0.00	0.00	0.00 0.00	0.00 0.00	0.00		0.00	0.00	0.00
40 Contractual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00
Equipment Expenses	4,101.16	0.00	0.00	4,101.16	0.00	0.00		4,101.16 .	0.00	0.00
20 Non-Alloc. Supplies	0.00	0.00	0,00	0.00	0.00	0.00		0.00	0.00	0.00
20 Other Operating Expenses	11,129.37 0.00	0.00	0.00 0.00	11,129.37 0.00	0.00 0.00	0.00 0.00		11,129.37	20,832.00	15,702.63
Total Oirect Costs	135,647.79	0.00	0.00	135,647.79	0.00	0.00	0.00	135,647.79	249,823.00	114,175.21
Indirect Costs	(1)	13,429.13	0.00	13,429.13	0.00	0.00	0.00	13,429.13	20,236.00	6,806.87
TOTAL	135,647.79	13,429.13	0.00	149,076.92	0.00	0.00	0.00	149,078.92	270,059.00	120,982.08

Volvanueura	
1) Add in Cumulative Indirect Costs - See Schedule C	
2) To adjust insurance benefits	

**-**

Projection Comments:

Projections			
Salaries:	Cumulative salaries divided by mos appl multiplied by mos remaining	12 X	0
Fringe Benefits:	Projected Saluries mult by appl fringe ben rate(not adjusted for BRP)	22.08%	
Travel	Cumulative Travel divided by mos appl multiplied by mos remaining Remember: Travel is posted 1 month behind other expanditures	12 X	C
Rent	Same as Salaries unless using O/S Encumbrances	12 X	0
Contractual	Use Contractual Reimbursements (Schedule 8 Support 2)		
Equipment	Use O/S Enoumbtrances		
Mamos	Same as Salaries	12 X	0
O.O.E.	•	12 X	0

Indirect Cost

Using percentages from Schedule C for Modified Direct Cost by location multiplying by applicable indirect cost rate

Location	% trm Sch C		Appl IC Rates	Projected IC
Offsite	0.0	0.0 x	14.1% =	0.0
Onsite	0.9	0.0 x	9.8% =	0.0
LHD	0.0	0.0 x	2.5% =	0.0
Offsite	0.0	0.0 x	14.1% =	0.0
Onsite	D.1	0.0 x	9.9% =	
Onsite	0.0	0.0 x	2.5% =	
	_	0.0		0.0

NOTICE:

The source data (MHSAS, time allocation and CDS) for this grant reportschedule have changed from those previously used. Furthermore, these source documents may change again in future versions.

ASSESS 630 FY 03 Annual Expenditure Summary 10/01/02-09/30/03

as of 12/03

Schedule B

FY03

	Allocated Expeditures 10/02 - 12/03	Adjustments Or	Cr	Subtotal Expenditures 10/02 - 12/03	Projected Expenditures 09/03	Outstanding Encumbrances as of 12/03	Contractual as of 12/03	Total Expend. 10/02 - 09/03	FY 103 Award	Unobligated Balance of Award
01 Salaries	201,183.76 0.00			201,183.78 0.00						
Subtotal Salaries	201,183.76	0.00	0.00	201,183.78	0.00	0.00		201,183.76	182,634.00	(18,549.76)
10 Fringe Benefits	51,340.98	0.00	0.00	51,340.98	0.00	0.00		51,340.98	38,644.00	(12,696.98)
11 Travel	8, 163.06	0.00 2)	245,84	7,917.42	0.00	0.00		7,917.42	18,424.00	10,506.58
20 Rent - Buildings	0.00	0.00	0.00	0.00	9.00	0.00		0.00	0,00	0.00
Prof Fees & Services	1,979.95	0.00	0.00	1,979.95	0.00 0.00	0.00		0.00	6.00	0.00
40 Contractual	Ç.00	0.00	0.00	0.00	0.00	0.00	0.00	1,979.95	80,000.00	78,020 05
Equipment Expenses	0.00 5,159.23	0.00 0.00	0. <b>00</b> 0.00	0,00 5,159.23	0.00 0.00	0.00 0.00		0.00 6,159.23	0.00 10,498.00	5,336.77
20 Non-Alloc. Supplies	0.00 0.00	0.00	0.00	6.00	0.00 0.00	0.00 0.00		0.00		0.00
20 Other Operating Expenses	2,606.90 0.00	0.00	91.74 0.00	2,515.16 0.00	• 0.00 9.00	0.00 0.00		2,515.16	28,613.00	26,097.84
Total Direct Costs	270,433.88	0.00	337.38	270,096.50	0.00	0.00	0.00	270,098.50	358,811.00	88,714.50
Indirect Costs	(1)	26,878.64	0.00	26,878.64	0.00	0.00	0.00	25,878.54	30,323.00	3,444.36
TOTAL	270,433.88	26,878.64	337.38	296,975.14	0.00	0.00	0.00	296,975.14	389,134.00	92,168.86

Adjustments	Projections	•					
Add in Cumulative Indirect Costs - See Schedule C -	Salaries:	Cumulative salaries divided	by mos appl multiplie	d by mos remainti	19	12 X	0
Z) To less Refund (Travel) 04/03	Fringe Benefitz:	Projected Selectes muit by	eppi fringe ben mit	(not edjusted for	BRP) 2	3.02%	
	Travel	Cumulative Travel divided b Remember: Travel is	y mos appl multiplied posted 1 month behi			12 X	0
Projection Comments	Rent Contractual	Same as Selarios unless un Use Contractual Reimburse Use O/S Encumbtrances				12 X	0
	Equipment Momos	Same as Salaries				42 4	
		Chille Et Chiffas				12 X	
	O.O.E.					12 X	0
	indirect Coat	Using percentages from Sc multiplying by appli	hedule C for Modified cable indirect cost rat		ation		
	Location	% frm Sch C	Appl	IC Rates	Projected IC		
	Offsite	0.0	0.0 x	14.1% =	0.00		
	Onsite	Û, Đ	Û.Ü X	Ÿ.ŶŦi ■	Ü.ŪŬ		
	LHD	0.0	0.0 x	2.6% =	0.00		
	Offsite	0.0	0.0 x	14,1% =	0.00		
	Onete	0.1	0.0 x	10.5% =	0.00		
	Onsite	0.0	0.0 x	2.5% =	0.00		
			0.0		0.00		

Schedule B

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						1 POR T	or okreu?	uon		Unobligated
	Allocated Expeditures 10/03 - 03/05 as of 05/05	Adjustments Or	Cr	Subtotal Expenditures 10/03 - 03/05 as of 05/05	Projected Expenditures 03/05	Outstanding Encumbrances as of 65/95	Contractual as of 05/05	Total Expend. 10/03 - 03/05 as of 05/05	FY '04/05 Award	Balance of Award
01 Sataries	267,013.97 0.00			257,013.97 0.00						
Subtotal Salaries	267,013.97	0.00	0.00	267,013.97	0.00	0.00		267,013.97	269,159.00	2,145.00
10 Fringe Benefits	55,208.99	0.00	0.00	55,208.99	0.00	0.00		55,208.99	78,803.00	21,394.01
11 Travel	9,320.10	0.00 2}	31.60	9,288.50	0.00	0.00		9,288.50	29,046 00	19,757.50
12 Travel (Out of State)	3,669.91	0.00	0.00	3,669.91	0.00	0.00		3,869.91	0.00	(3,669.91)
Prof Fees & Services	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
40 Contractual	0.00	0.00	0.00	0.00 0.00	0.00 0.00	9.90	0.00	0.00	0.00	0.00
Equipment Expenses	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00		0.00 0.00	0.00 7,000.00	0.00 7,000.00
20 Non-Alloc. Supplies	0.00 0.00	0.00	0.00	0.00	0.00 0.00	0.00 0.00		0.00		0.00
20 Other Operating Expenses	3,893.69	0.00	0.00 0.00	3,993.69 0.00	0.60 0.00	0.00 0.00		3,993.69	35,578.00	31,582.31
Total Direct Costs	339,206.68	0.00	31.60	339,175.06	0.00	0.00	0.00	339,175.06	417,384.00	78,208.94 0.00
Indirect Costs	(1)	35,616.70	0.00	35,818.70	0.00	0.00	0.00	0.00 35,618.70	0.00 41,465.00	5,848.30
TOTAL	339,206.66	35,616.70	31.60	374,791.76	0.00	0.00	0.00	374,791.76	458,849.00	84,057.24

Adjustments
1) Add in Cumutative Indirect Costs • See Schedule C
2) To less Refund (Travel) 04/03
3) Add accrued FY '04 new IC rate and, (diff)

Projection Comments:

Projections			
Salaries:	Cumulative salaries divided by mos appl multiplied by mos remaining	18 X	0
Fringe Benefits:	Projected Selaries mult by appl fringe ben rate(not adjusted for BRP)	28.46%	
Travel	Cumulative Travel divided by mos appl multiplied by mos remaining Remember: Travel is posted 1 month behind other expenditures	18 X	0
Rent Contractual Equipment	Same as Salaries unless using O/S Encumbrances Use Contractual Reimbursements (Schedule 8 Support 2) Use O/S Encumbrances	18 X	0
Memos O.O.E.	Same as Salaries	18 X 18 X	0

Indirect Cost

Using percentages from Schedule C for Modified Direct Cost by location multiplying by applicable indirect cost rate

Location	% frm Sch C	<u>Ap</u>	of IC Rates	Projected IC
Offsite	0.0	0.0 x	18.8% =	0.00
Onsite	0.6	Q.0 x	10.5% =	0.00
UHD	0.0	Q.O x	11.3% =	0.00
Offsite	0.0	0.0 x	18.8% =	0.00
Onaite	0.4	0.0 x	10.5% =	0.00
Onsite	0.0	0.0 x	11.3% =	0.00
	-	0.0		0.00

#### STATE AND LOCAL RATE AGREEMENT

TIN #: Personal Identifiers Redacted

DATE: January 5, 2004

DEPARTMENT/AGENCY:

Texas Department of Health

1100 West 49th Street

Austin

TX 78756-3199

FILING REF.: The preceding Agreement was dated

December 30, 2003

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTIO	N I: INDIR	ECT COST RATE	S*		<del></del>	<del></del>	
	YPES: PIXE			ROVISIONAL)	PRED.	PREDETERMI	(NED)
	EFFECTI	VE PERIOD			,		
TYPE	FROM	TO	RATE(%)	LOCATIONS	APPLI	CABLE TO	
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JV.		UNTIL AMENDED	Use same	rates and condi	ltions	as those	cited
	e e e e e e e e e e e e e e e e e e e		for fisca	al year ending 1	August	31, 2004.	)

The Base for the Health Department is total direct costs excluding: Capital expenditures (individual items of equipment or capitalized construction or renovation projects).

VIC food costs.

Subgrant/Subcontract amounts in excess of first \$25,000 per document.

.11 costs of the Disproportionate Share Program.

11 client service costs (Title XIX) paid through the contractual arrangement with HIC.

5% of client service costs (Title XX) of the Vendor Drug and the Family Planning rograms paid through the contractual arrangement with TDHS.

DEPARTMENT/AGENCY:

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Texas Department of Health

AGREEMENT DATE: January 5, 2004

#### SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

ringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

REATMENT OF PAID ABSENCES:

acation, holiday, sick leave pay and other paid absences are included in salaries and ages and are claimed on grants, contracts and other agreements as part of the normal cost or salaries and wages. Separate claims for the costs of these paid absences are not ade.

quipment Definition - quipment means an article of nonexpendable, tangible personal property having a useful ife of more than one year and an acquisition cost of \$5,000 or more per unit.

#### RINGE BENEFITS:

!CA
:tirement
:rker's Compensation
:mployment Insurance
 th Insurance
st Retirement Health Benefits

Fringe 23.02% per FSR Jaied Battached FY03

DEPARTMENT/AGENCY: Texas Department of Health

REEMENT DATE: January 5, 2004	
FION III: GENERAL	
or agreement only to the extent that funds are available only costs incurred by the organization were included igations of the organization and are allowable under irect costs are not claimed as direct costs; (3) Simi who information provided by the organization which we have a companization which we have the organization when the organization were also and the organization where the organization was allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under the organization and are allowable under t	or administrative limitations and apply to a given grant, contract or ble. Acceptance of the rates is subject to the following conditions: d in its indirect cost pool as finally accepted: such costs are legal the governing cost principles; (2) The same costs that have been treated a lar types of costs have been accorded consistent accounting treatment; and has used to establish the rates is not later found to be materially such situations the rate(s) would be subject to renegotiation at the
the method of accounting for costs which affect the a	ed by the organization to be in effect during the Agreement period. Change mount of reimbursement resulting from the use of this Agreement require cognizant agency. Such changes include, but are not limited to, changes in to direct. Failure to obtain approval may result in cost disallowances.
FIXED RATES: a fixed rate is in this Agreement, it is based on an ts for this period are determined, an adjustment will ween the costs used to establish the fixed rate and a	estimate of the costs for the period covered by the rate. When the actual to made to a rate of a future year(s) to compensate for the difference actual costs.
rular, and should be applied to grants, contracts and	with the authority in Office of Management and Budget Circular A-87 i other agreements covered by this Circular, subject to any limitations in ment to other Federal Agencies to give them early motification of the
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	imbursing indirect costs by a means other than the approved rate(s) in this to the affected programs, and (2) apply the approved rate(s) to the act costs allocable to these programs.
THE DEPARTMENT/AGENCY:	on Behalp of the Federal Government:
THE DEPARTMENT/AGENCY:	ON BEHALF OF THE FEDERAL GOVERNMENT:  DEPARTMENT OF HEALTH AND HUMAN SERVICES
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cas Department of Realth	DEPARTMENT OF HEALTH AND HUMAN SERVICES
:PARTMENT/AGENCY)  **M. L.C.  TRATURE)	DEPARTMENT OF HEALTH AND HUMAN SERVICES (AGENCY)
PARTMENT/AGENCY)	DEPARTMENT OF HEALTH AND HUMAN SERVICES (AGENCY)  Henry Williams
PARTMENT/AGENCY)  W. L.C.  ZMATURE)  (Bachelle Pharr  1E)	DEPARTMENT OF HEALTH AND HUMAN SERVICES (AGENCY)
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PARTMENT/AGENCY)  W. L.C.  TRATURE)  (Bichelle Pharr  12)  Lief Financial Officer  LE)	DEPARTMENT OF HEALTH AND HUMAN SERVICES (AGENCY) (AGENCY) (AGENCY) (Henry Williams (NAME)
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HHS REPRESENTATIVE: Terry D. Hill relephone: (214) 767-3263

#### STATE AND LOCAL RATE AGREEMENT

EIN #: Personal Identifiers Redacted

DATE: October 10, 2002

DEPARTMENT/AGENCY:

Texas Department of Health

1100 West 49th Street

Austin

TX 78756-3199

FILING REF.: The preceding

Agreement was dated

March 29, 2000

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTIO	N I: INDIR	CT COST RATE	3S*		
RATE T	YPES: FIXE	FINAL	PROV. (	PROVISIONAL)	PRED. (PREDETERMINED)
	EFFECTIV	E PERIOD			
TYPE	FROM	TO	RATE(%)	LOCATIONS	APPLICABLE TO
FIXED	09/01/00	08/31/01	9.9	Austin Office	All Programs
FIXED	09/01/00	08/31/01	14.1	Reg Offices	All Programs
FIXED	09/01/00	08/31/01	90.3	Hospitals	All Programs
FIXED	09/01/00	08/31/01	2.5	Local Health	All Programs
PROV.	09/01/01	UNTIL AMENDED			itions as those cited August 31, 2001.

The Base for the Health Department is total direct costs excluding: Capital expenditures (individual items of equipment or capitalized construction or renovation projects).

WIC food costs.

Subgrant/Subcontract amounts in excess of first \$25,000 per document.

All costs of the Disproportionate Share Program.

All client service costs (Title XIX) paid through the contractual arrangement with NHIC.

95% of client service costs (Title XX) of the Vendor Drug and the Family Planning Programs paid through the contractual arrangement with TDHS.

DEPARTMENT/AGENCY:

Texas Department of Health

AGREEMENT DATE: October 10, 2002

#### SECTION II: SPECIAL REMARKS

#### TREATMENT OF FRINGE BENEFITS:

Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

#### TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

Equipment Definition Through fiscal year ended 08/31/99, equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$1,000 or more per unit. Effective 09/01/99, the acquisition cost of equipment, as defined above, is \$5,000 or more per unit.

#### FRINGE BENEFITS:

FICA
Retirement
Worker's Compensation
Unemployment Insurance
Health Insurance

Per Schedule B Fringe = 22.08.0%

DEPARTMENT/AGENCY:

Texas Department of Health

AGREEMENT D	ATE:	October	10,	2002
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SECTION TO	T. CR	MERAL.

#### A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions:

(1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated a indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplets or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

#### B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Change to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

#### C. PIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

#### D. USE BY OTHER PEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Sudget Circular A-87 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

#### E. OTHER:

If any Pederal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

	BY THE COGNIZANT AGENCY
BY THE DEPARTMENT/AGENCY:	ON BEHALF OF THE FEDERAL GOVERNMENT:
Texas Department of Health	
<u> </u>	DEPARTMENT OF HEALTH AND HUMAN SERVICES
(DEPARTMENT/AGENCY)	(AGENCY)
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Machelle Pharr	Henry Williams
(NAME)	(NAME)
•	
Chief Financial Officer	DIRECTOR DIVISION OF COST ALLOCATION-
(TITLE)	(TITLE) CENTRAL STATES FIELD OFFICE
October 29, 2002	October 10, 2002
(DATE)	(DATE) 0261
	HHS REPRESENTATIVE: William E. Neptune
	Telephone: (214) 767-5249

Schedula B

	Allocated Expeditures 10/00 - 09/01 as of 01/02	Adjustments Or	C/	Subtotal Expenditures 10/00 - 09/01 as of 01/02	Projected Expenditures	Outstanding Encumbrances as of 01/02	Contractual as of 01/02	Total Expend. 10/00 - 09/01 as of 01/02	FY '01 Award	Unobligated Balance of Award
O1 Salaries	137,792.66 . 0.00			137,792.68 0.00		•				
Subtotal Salaries	137,792.68	0.00	0.00	197,792.68	0,00	0.00		137,792.68	179,491.00	41,698.32
10 Fringe Benefits	30,591.38	0.00 2)	175.98	30,415.42	0.00	0.00		30,415.42	40,026.00	9,610.58
11 Travel	5,207.21	0.00	0.00	5,207.21	9.00	0.00		5,207.21	17,841.00	12,633.79
20 Rent - Buildings	0.00	0.00	0.00	0.00	0.00	0,00		0.00	0.00	0.00
40 Contractual	214,697.00	0.00	0.00	214,897.00	0.00	0.00	0,00	214,697.00	214,697.00	00.00
SO Equipment	2,976,09	0.00	0.00	2,976.09	0.00	0.00		2,976.09	0.00	(2,976.09)
50 Major Equipment	0.00	0.00	0.00	0.00	0.00	0.00	•	0.00	0.00	0.00
20 Other Operating Expenses	9,383.42		0.00	9,383.42	0.00	0.00		9,383.42	19,082.00	9,698.58
Memo lab	0.00	0.00	0.00	0.00	0.00	0.00		<del></del>		
Total Direct Costs	400,647.76	0.00	175.98	400,471.82	0.00	0.00	0.00	400,471.82	471,137.00	70,665.18
Indirect Costs	(1)	17,087.01	0.00	17,087.01	0.00	0.00	0.00	17,087.01	21,722.00	4,634.99
TOTAL	400,647.78	17,087.01	175.96	417,558.83	0.00	0.00	0.00	417,558.83	492,859.00	75,300.17
Adjustments  1) Add in Cumulative Indirect Co.  2) To adjust insurance benefits  Projection Comments:	sts - See Schedule C	Si Fi Tr C. E M	rojections starfas: inga Benefits: svel sert shrtactus! sulpment smos O.E.	Projected Selaries in Cumulative Travel div Remember: To Same as Salaries un	nuit by appl frings ba- ided by mos appl mul- ravel is posted 1 mont less using Q/S Encun nbursements (Schedu		3RP) 22   1   1   1   1	12 X 0 2 D8W 2 X 0 12 X 0		
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